State of Alabama Office of the Secretary of State Uniform Commercial Code Division (334) 242-5231 Fax (334) 353-8269

Mailing Address
Post Office Box 5616
Montgomery, Alabama 36103-5616

Physical Address
11 S. Union St. Ste. 200
Montgomery, AL 36104

On File Credit Card Set Up Slip

Contact Person:		· · · · · · · · · · · · · · · · · · ·	
Card Type:		(Visa, Mastercard, Disc	over, &American Express)
Card Number:	 		
Exp Mo/Yr:/	_		
Card Holder:		· · · · · · · · · · · · · · · · · · ·	_
Billing Address:			
City/St/Zip:	,,	-	
Name of Business/Ind	ividual you would li	ke the card to b	e filed under:
Name of any outside A them to use this card (•	e to give authori	zation to in order fo
Signature of Card Hol Date: / /	lder: X		